

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 16 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757070** (8)
1. Corporation Name
EBENEZER UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address
2001 NW 35TH ST. MIAMI FL 33142-5425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1981	3a. Date of Last Report 04/14/1994
4. FEI Number 59-1174326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BULLARD, ALVIN G
14899 NE 18TH AVE APT 4J
MIAMI FL 33181**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	11 TITLE	CTD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVE, CHRISTINA M	12 NAME	SMITH, TIMOTHY
STREET ADDRESS	588 NW 48TH ST	13 STREET ADDRESS	16101 NW 18th Avenue
CITY - ST - ZIP	MIAMI, FL 00000	14 CITY - ST - ZIP	Miami, FL 33054
TITLE	TD	21 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, WILLIAM, JR.	22 NAME	MOORMAN, ROSE
STREET ADDRESS	3225 N.W. 40TH STREET	23 STREET ADDRESS	820 NW 172 Terrace
CITY - ST - ZIP	MIAMI, FL 00000	24 CITY - ST - ZIP	Miami, FL
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, AGGIE M	32 NAME	
STREET ADDRESS	3720 NW 179TH ST	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	34 CITY - ST - ZIP	
TITLE	CAD	41 TITLE	CAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, FRANCINA H	42 NAME	CLARK, WILLIAM JR.
STREET ADDRESS	188 NW 86TH ST	43 STREET ADDRESS	3225 NW 40th Street
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	Miami, FL
TITLE	CCD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAHAM, GERALINE L G	52 NAME	
STREET ADDRESS	744 SW 2ND PLANCE	53 STREET ADDRESS	
CITY - ST - ZIP	DANIA FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Clark Jr.* **5/10/95** **305 655-7413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William Clark, Jr
Date Typed Name #